

NCA NEVADA CHIROPRACTIC ASSOCIATION  
 Name (print) \_\_\_\_\_ Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
 POB 21481 RENO NV 89506 775 972 5011  
 Mailing Address (include city and zip code) \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 hg@NVCHIROPRACTICDOCTORS.COM  
 E-Mail Address \_\_\_\_\_

☒ **Report #1 — Due August 27, 2002**

Office with a 2-year term	Period:	Jan. 5, 2001 — Aug. 22, 2002
Office with a 4-year term	Period:	Dec. 20, 1998 — Aug. 22, 2002
Office with a 6-year term	Period:	Dec. 6, 1996 — Aug. 22, 2002
<b>BAGs only:</b>	Period:	Dec. 7, 2000 — Aug. 22, 2002

☐ **Report #2 Due — October 29, 2002**  
Period: Aug. 23, 2002 — Oct. 24, 2002

☐ **Report #3 Due — January 15, 2003**  
Period: Oct. 25, 2002 — Jan. 3, 2003  
**BAGs only:** Period: Oct. 25, 2002 — Dec. 5, 2002

FILE *JB*  
JUL 22 2003

DEAN HELLER  
SECRETARY OF STATE

FOR OFFICE USE ONLY

## BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any

## CONTRIBUTIONS SUMMARY

<sup>7</sup>Contributor means a gift, loan, advance or deposit, payment, transfer or distribution of money, property or value other than the services of a volunteer received. (IRS 294C(b))

1. Total amount of monetary contributions in excess of \$100 \_\_\_\_\_
2. Total amount of monetary contributions of \$100 or less \_\_\_\_\_
- Actual number of monetary contributions of \$100 or less \_\_\_\_\_
3. Interest and income earned on contributions, if any \_\_\_\_\_
4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) \_\_\_\_\_
5. Total amount of In Kind Contributions \_\_\_\_\_ *0*

### EXPENSES SUMMARY

- |   |   |
|---|---|
| 6. Total amount of monetary expenses in excess of \$100                 |   |
| 7. Total amount of monetary expenses of \$100 or less                   |   |
| 8. Expense for filing fee   |   |
| 9. <b>TOTAL AMOUNT OF ALL MONETARY EXPENSES</b> (add lines 6 through 8) |   |
| <b>Remaining Balance</b> (Subtract line 9 from 4)                       |   |
| 10. Total amount of In Kind Expenses                                    | 6 |

### AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature \_\_\_\_\_

22 Jul 03  
Date Executed On